



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

RECEIVED

AUG 29 2011

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CG3-29314 WRIA 58
DATE ACCEPTED 09/15/2011 BY Klyf
FEE \$ 50.00 REC'D 8/26/2011
CHECK No. 2413
ECY Coding: 001-002-WR10285-000011
SEPA: ☒ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>MARTIN CREEK COMMUNITY ASSOCIATION</u>	PHONE NO. <u>(509) 738-2620</u>	FAX NO. <u>()</u>
ADDRESS <u>P.O. Box 943</u>		
CITY <u>Kettle Falls, WA 99141</u>	STATE <u>WA</u>	ZIP CODE <u>99141</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>ROBERT ANDERSON Vice President</u>	PHONE NO. <u>(509) 738-2042</u>	FAX NO. <u>()</u>
ADDRESS <u>68 MARTIN CREEK DRIVE</u>		
CITY <u>Kettle Falls</u>	STATE <u>WA</u>	ZIP CODE <u>99141</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>G3-29314P</u>	RECORDED NAME(S) <u>SAME AS APPLICANT "MCCA"</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #1, & Well #2		SE	SW	17	35	37		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #3	OK	NE	NW	20	35	37		
		NW	NE	20	35	37		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
municipal	65	50	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
municipal	65	50	continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The Plot of Markin Ok Lee farm in Government Lot 16 Sec. 16, Government Lots 3 & 4 Section 20 and Government Lot 3, 1/4 SW 1/4 SE 1/4 and SE 1/4 SW 1/4 Section 17, T. 35 N., R. 37 E. W.M., Ferry County							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Ferry		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Above "Existing - same legal footprint"							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Ferry		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

MCCA IS EXPERIENCING A WATER "EMERGENCY" SEE ATTACHED
LETTERS FROM MCCA PRESIDENT, AND TOM JUSTICE OF DEPT OF HEALTH
LETTER WILL BE FORTHCOMING
PLEASE PLACE TOP PRIORITY ON PROCESSING THIS PROPOSED
CHANGE
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Robert Anderson (Applicant) *8/18/2011* (Date)

Scott W. O'Connell (Water Right Holder) *8/18/2011* (Date)

(Land Owner(s) of Existing Place of Use)

/ /
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:								

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							